Department of Health & Human Services Centers for Medicare & Medicaid Services 233 North Michigan Avenue, Suite 600 Chicago, Illinois 60601-5519



April 17, 2013

Stephen Fitton, Medicaid Director Medical Services Administration Federal Liaison Unit Michigan Department of Community Health 400 South Pine Lansing, Michigan 48933

ATTN: Loni Hackney

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

➤ Transmittal: #13-005

#13-005 Home Maintenance

> Effective:

January 1, 2013

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or Leslie.Campbell@cms.hhs.gov.

Sincerely,

Verlon Johnson

Associate Regional Administrator

Alan Freund, acting

Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTHCARE FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

TEXETHORIZE FINANCIA ASIMINO TAXATON	1. TRANSMITTAL NUMBER:	2. STATE:			
TRANSMITTAL AND NOTICE OF APPROVAL O	F 4.2 05	7 4 i = 1 - i			
STATE PLAN MATERIAL	1 3 - 05 3. PROGRAM IDENTIFICATION:	Michigan			
FOR: HEALTH CARE FINANCING ADMINISTRATION	TITLE XIX OF THE SOCIAL SECURITY AC	T (MEDICAID)			
		, (m25101.05)			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	***************************************			
HEALTH FINANCING ADMINISTRATION	January 1, 2013				
DEPARTMENT OF HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (Check One):		***************************************			
5. TIPE OF PLAN MATERIAL (CHOCK CHO).					
Production Control of the Control of		AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN A	AMENDMENT (Separate Transmittal for each ame	əndment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	STREET, STREET			
42 CFR 435.832(d)	a. FFY 2012				
42 CFR 435.725(d)	1	DI AN CECTION			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION     OR ATTACHMENT (If Applicable):				
Attachment 2.6-A, Page 5					
	Attachment 2.6-A, Page 5				
10. SUBJECT OF AMENDMENT:					
This amendment changes the amount allowed for home main	ntenance from a fixed dollar amount to an an	nount that is tied to the			
Federal SSI benefit rate.					
11. GOVERNOR'S REVIEW (Check One):					
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:				
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Stephen Fitton, Director	•			
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITT	-AL Medical Services Administrat	ion			
12. SIGNATUE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
Atepken Filton					
13. TYPED NAME:	Medical Services Administration				
Stephen Fitton	Actuarial Division				
	apitol Commons Center - 7th Floor				
	00 South Pine Street				
	Lansing, Michigan 48933				
15. DATE SUBMITTED:	ttn: Loni Hackney				
March 29, 2013	Attil. Colli Hackiley				
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED:	18 DATE APPROVED:				
March 29, 2013	April 17, 2013				
PLAN APPROVED	- ONE COPY ATTACHED				
	20. SIGNATURE OF REGIONAL OFFICIAL:				
January 1, 2013	Ala Frend				
	22. TITLE:				
	Acting Associate Regional Administrator				
Alan Freund 23. REMARKS:	9				

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## State of MICHIGAN

## Eligibility Conditions and Requirements

<u>Citation</u>	Condition or Requirement				
	В.	Po	st-Eligibility Treatment of Institutionalized Individuals (continued)		
		3.	For children, each family member:		
			AFDC level \$  Medically needy level \$  Other as follows \$  \$ see Supplement 1  \$ see Supplement 1		
		4.	Amounts for incurred medical expenses not subject to payment by a third party:		
			a. Health insurance premiums, deductibles and co-insurance charges;		
			<ul> <li>Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to Attachment 2.6-A).</li> </ul>		
		5.	An amount for maintenance of a single individual's home (includes apartments) for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.		
			□ No		
1902(1) of the Act		6.	SSI benefits paid under section 1611(e)(1)((E) and (G) of the Act to individuals who receive care in a hospital or NF.		

TN NO.: <u>13-05</u> Approval Date: <u>01/01/2013</u>

Supersedes TN No.: 12-07

Michigan Department of Community Health Program Policy PO Box 30479 Lansing MI 48909



January 29, 2013

<NPI>

<Business Entity> Address1 Address2 City> <State> <Zip>

Dear Provider:

RE: Special Director Exception

Effective January 1, 2013 the Special Director Exception is no longer processed as an exception through the Department of Community Health (DCH). This process is being replaced by a Patient Pay Amount (PPA) income disregard titled the Home Maintenance Disregard.

The Home Maintenance Disregard will be administered by eligibility specialists within the Department of Human Services (DHS). This change will streamline the process for requesting a reduction to the PPA for home maintenance expenses while allowing the disregard itself to be more automated compared to the current manual process. Therefore, the Medicaid beneficiary will now request the disregard through their eligibility specialist instead of DCH. DCH staff will no longer process, approve, or implement deductions to the PPA as all of these functions will be carried out by DHS eligibility specialists.

With this change, it is no longer necessary to provide a DCH-1183, authorization to release protected health information. The criteria for a reduction to the PPA for home maintenance expenses did not change with the implementation of this new process. The reduction to the PPA begins the first month an individual is eligible for and receiving Medicaid as a long term care resident.

The following criteria must still be met to qualify for the disregard:

- A physician certifies that the individual is medically likely to return home from the nursing facility within six months of the date of admission to the facility, if eligible for Medicaid at the time of admission, or within six months of becoming eligible for Medicaid if eligibility is established subsequent to admission.
- The request is being made for an individual who is currently Medicaid eligible and responsible for a patient pay amount.
- The request is being made for an individual who is currently residing in a nursing facility.
- The request is being made by the Medicaid beneficiary or an individual authorized to act on behalf of the beneficiary.
- The individual is not receiving a community spouse or family allowance income disregard.
- The individual has a legal obligation to pay home maintenance expenses and has provided proof of the expenses.

Home maintenance expenses include, rent or mortgage payments, gas, electric, water, home owners or renters insurance and property taxes for the home.

Numbered Letter L 13-06 January 29, 2013 Page 2

As with current policy and processes, Medical expenses, credit card statements, car payments or insurance, satellite television, and wireless telephone bills are not allowable home maintenance expenses. Proof of these expenses is not necessary for the disregard to be considered so please do not include them in any requests for a home maintenance disregard to the PPA.

Sincerely,

Stephen Fitton, Director

Medical Services Administration